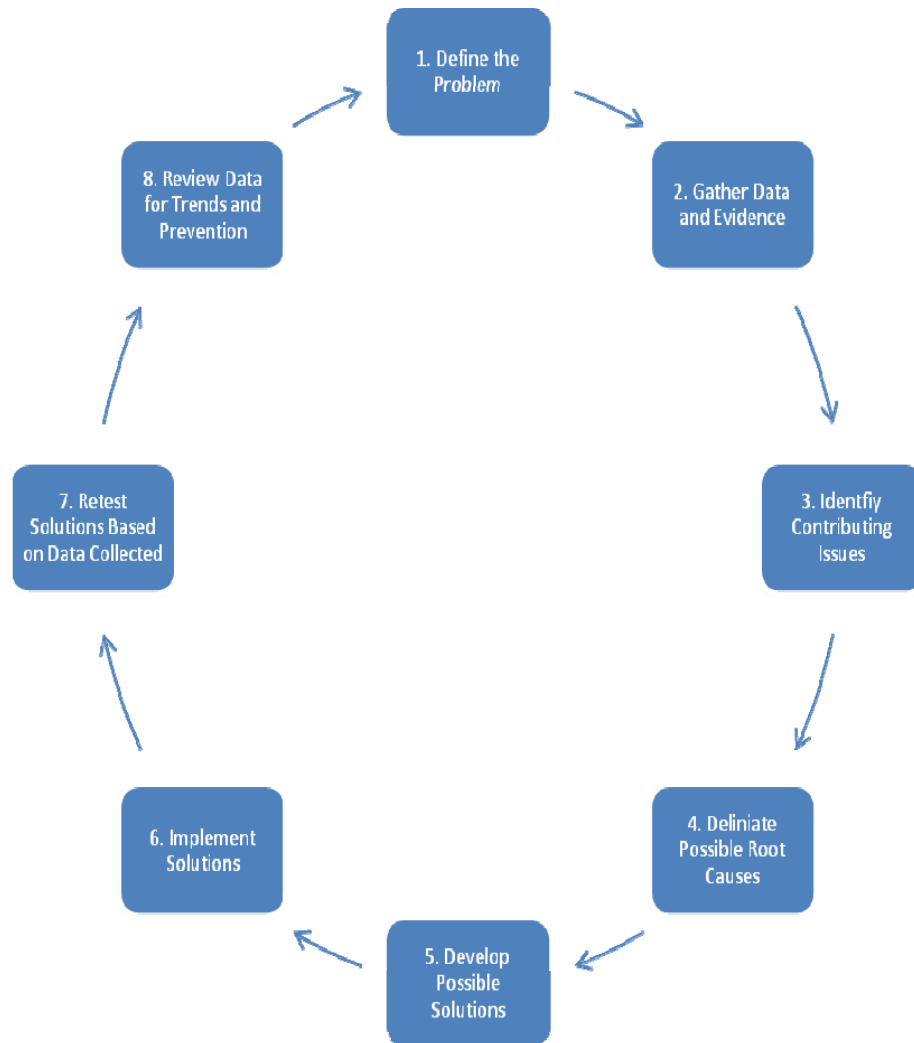


Student Intervention Team Problem-Solving Process



Adapted from the work of Howell, Patton, Deotte, 2008)

Student Intervention Team Forms

Step One: Complete and Submit Initial SIT Referral Form to Initiate SIT Process (page 1).



Step Two: Receive Date for SIT Meeting from Committee.

Step Three: Send out Parent Letter of Invitation to SIT Meeting (page 2).



Step Four: Receive your Assigned Designated Consultant from SIT Committee.

Step Five: Complete SIT Body of Evidence Data Collection Process with your Designated Consultant for Primary Area(s) of Concern (pages 3a, 3b, and/or 3c).*

**For Culturally and Linguistically Diverse Students Complete the Additional Body of Evidence Data Collection Process on page 3d.*



Step Six: Conduct SIT Meeting Documenting Problem-Solving Process and Possible Interventions (pages 4a & 4b).



Step Seven: Create an Intervention Plan that Includes a Progress Monitoring Plan (page 5).



Step Eight: Follow Up Meeting is Held 6 to 9 Weeks from Last SIT Meeting (page 6).



KEY for SIT IKONS

Starting Point to Initiate SIT	
Parent Letter (to be sent prior to meeting)	
Reading Body of Evidence	
Math Body of Evidence	
Behavior Body of Evidence	
Culturally & Linguistically Diverse Body of Evidence	
Meeting Forms (completed during actual SIT meeting)	

Denver Public Schools
Initial SIT Referral Form
 To be completed by the Referring Person to Initiate a SIT Meeting



Student Name _____ **Grade** _____ **ID** _____ **DOB** _____

Address _____ **Phone** _____

Referring Person _____ **School** _____ **Date** _____

Please Attach: <input type="checkbox"/> IC Summary <input type="checkbox"/> IC Attendance <input type="checkbox"/> IC Behavior Log/SWIS <input type="checkbox"/> IC Assessment <input type="checkbox"/> IC Grades <input type="checkbox"/> ILP <input type="checkbox"/> IEP <input type="checkbox"/> Report Card <input type="checkbox"/> MyCAP data (High School Only) <input type="checkbox"/> Transcripts (High School Only) <input type="checkbox"/> Work Samples <input type="checkbox"/> Health Plan <input type="checkbox"/> Other Pertinent Document <input type="checkbox"/> Current class schedule	Language Information: Native Language: _____ Is the student identified as an ELL? Y N What is the student's current ELA Program? _____ Language of Instruction: Literacy: _____ Math: _____ Social Studies: _____ Science: _____ Interpreter Needed for Meeting? Y N Language: _____	Support Services in Place: <input type="checkbox"/> Nurse <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist/Social Worker <input type="checkbox"/> Speech/Language <input type="checkbox"/> Outside Mental Health Services <input type="checkbox"/> Denver Health <input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> OT/PT <input type="checkbox"/> Tutoring <input type="checkbox"/> Hearing/Vision Pass/Fail Date _____ <input type="checkbox"/> Other: _____
---	--	--

Areas of Concern: (Please Check)

Reading: <table style="width: 100%;"> <tr> <th style="text-align: left;">English</th> <th style="text-align: left;">L1</th> </tr> <tr><td>Phonemic Awareness</td><td><input type="checkbox"/></td></tr> <tr><td>Phonics</td><td><input type="checkbox"/></td></tr> <tr><td>Fluency</td><td><input type="checkbox"/></td></tr> <tr><td>Vocabulary</td><td><input type="checkbox"/></td></tr> <tr><td>Comprehension</td><td><input type="checkbox"/></td></tr> <tr><td>Application/Analysis/Synthesis/Evaluation</td><td><input type="checkbox"/></td></tr> </table> Written Language: <table style="width: 100%;"> <tr> <th style="text-align: left;">English</th> <th style="text-align: left;">L1</th> </tr> <tr><td>Grammar/Usage/Sentence Structure</td><td><input type="checkbox"/></td></tr> <tr><td>Capitalization/Punctuation</td><td><input type="checkbox"/></td></tr> <tr><td>Spelling</td><td><input type="checkbox"/></td></tr> <tr><td>Style and Fluency</td><td><input type="checkbox"/></td></tr> <tr><td>Voice</td><td><input type="checkbox"/></td></tr> <tr><td>Organization</td><td><input type="checkbox"/></td></tr> <tr><td>Ideas and Content</td><td><input type="checkbox"/></td></tr> </table> Oral Language: <table style="width: 100%;"> <tr> <th style="text-align: left;">English</th> <th style="text-align: left;">L1</th> </tr> <tr><td>Articulation (Intelligibility)</td><td><input type="checkbox"/></td></tr> <tr><td>Receptive Language (Comprehension)</td><td><input type="checkbox"/></td></tr> <tr><td>Expressive Language</td><td><input type="checkbox"/></td></tr> </table>	English	L1	Phonemic Awareness	<input type="checkbox"/>	Phonics	<input type="checkbox"/>	Fluency	<input type="checkbox"/>	Vocabulary	<input type="checkbox"/>	Comprehension	<input type="checkbox"/>	Application/Analysis/Synthesis/Evaluation	<input type="checkbox"/>	English	L1	Grammar/Usage/Sentence Structure	<input type="checkbox"/>	Capitalization/Punctuation	<input type="checkbox"/>	Spelling	<input type="checkbox"/>	Style and Fluency	<input type="checkbox"/>	Voice	<input type="checkbox"/>	Organization	<input type="checkbox"/>	Ideas and Content	<input type="checkbox"/>	English	L1	Articulation (Intelligibility)	<input type="checkbox"/>	Receptive Language (Comprehension)	<input type="checkbox"/>	Expressive Language	<input type="checkbox"/>	Mathematics: <table style="width: 100%;"> <tr> <th style="text-align: left;">English</th> <th style="text-align: left;">L1</th> </tr> <tr><td>Number Sense</td><td><input type="checkbox"/></td></tr> <tr><td>Algebraic Thinking</td><td><input type="checkbox"/></td></tr> <tr><td>Data and Probability</td><td><input type="checkbox"/></td></tr> <tr><td>Geometry</td><td><input type="checkbox"/></td></tr> <tr><td>Measurement</td><td><input type="checkbox"/></td></tr> <tr><td>Computation</td><td><input type="checkbox"/></td></tr> </table> Motor: <table style="width: 100%;"> <tr> <th style="text-align: left;">English</th> <th style="text-align: left;">L1</th> </tr> <tr><td>Gross Motor</td><td><input type="checkbox"/></td></tr> <tr><td>Fine Motor</td><td><input type="checkbox"/></td></tr> </table> Health: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Dental <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____ <input type="checkbox"/> Attendance/Tardiness Data: _____	English	L1	Number Sense	<input type="checkbox"/>	Algebraic Thinking	<input type="checkbox"/>	Data and Probability	<input type="checkbox"/>	Geometry	<input type="checkbox"/>	Measurement	<input type="checkbox"/>	Computation	<input type="checkbox"/>	English	L1	Gross Motor	<input type="checkbox"/>	Fine Motor	<input type="checkbox"/>	Social/Emotional Learning: <input type="checkbox"/> Following Classroom Rules <input type="checkbox"/> Responding to Redirection <input type="checkbox"/> Working in a Group <input type="checkbox"/> Interacting with Adults <input type="checkbox"/> Interacting with Peers <input type="checkbox"/> Participating in Class Discussions <input type="checkbox"/> Asking Appropriate Questions <input type="checkbox"/> Motivation to Learn <input type="checkbox"/> Quality of Work <input type="checkbox"/> Persistence w/Difficult Tasks <input type="checkbox"/> Difficulty with Transitions <input type="checkbox"/> Staying on Task <input type="checkbox"/> Completing Homework <input type="checkbox"/> Finishing Work on Time <input type="checkbox"/> Taking Care of Materials <input type="checkbox"/> Paying Attention in Class <input type="checkbox"/> Following Directions <input type="checkbox"/> Poor Study or Organization Skills
English	L1																																																											
Phonemic Awareness	<input type="checkbox"/>																																																											
Phonics	<input type="checkbox"/>																																																											
Fluency	<input type="checkbox"/>																																																											
Vocabulary	<input type="checkbox"/>																																																											
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Grammar/Usage/Sentence Structure	<input type="checkbox"/>																																																											
Capitalization/Punctuation	<input type="checkbox"/>																																																											
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Organization	<input type="checkbox"/>																																																											
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English	L1																																																											
Gross Motor	<input type="checkbox"/>																																																											
Fine Motor	<input type="checkbox"/>																																																											

Specific and observable description of student strengths:

Specific, observable, and measurable description of the most concerning problem:

Parent Contacted: (Parent contact is required prior to assignment of Designated Consultant)

Date: _____ **Parent Response:** _____

Escuelas Públicas de Denver
Carta de Invitación a la Reunión de SIT



Nombre del estudiante:	# ID del estudiante:
Fecha de nacimiento:	Grado:
Escuela:	Fecha

Estimados padres o tutores:

Según lo que hablamos, se ha referido a _____ para que tenga una reunión de SIT (Student Intervention Team) o Equipo de Intervención del Estudiante. Durante esta reunión, hablaremos acerca de las fortalezas y las necesidades del estudiante, y desarrollaremos un plan de apoyo. Su apoyo y asistencia son esenciales para el éxito de su estudiante en la escuela. Estaremos a la espera de nuestra reunión.

Área de Preocupación Específica:

La reunión está fijada para:

Fecha: _____ Hora: _____ Escuela: _____ Salón: _____

Si tienen alguna pregunta o preocupación, o si necesitan cambiar la reunión a otra fecha, por favor, comuníquense con:

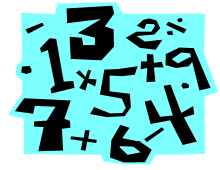
Nombre: _____

Número de teléfono: _____

Atentamente.

Denver Public Schools
SIT Body of Evidence for Mathematics

To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____

Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Math Standards Proficiency (U, PP, P, or A)

Number Sense: _____ Algebraic Thinking: _____ Data & Probability: _____ Geometry: _____ Measurement: _____ Computation: _____

Classroom Assessment data - Ongoing (anecdotal records, observations) Product (student work), Periodic (formal assessment, quizzes, unit tests):

State/District Assessment data (CSAP, DPS Benchmark, CBMs, etc.)

Progress Monitoring data:

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____ ____/____

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____ ____/____ ____/____ ____/____ ____/____ ____/____

Targeted Assessment data (if administered):

Area of Strength:

Most Significant Concern:

How does data compare to classroom peers?

Intervention Checklist:

Accommodations:

- ☐ Use of manipulatives
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Extended Practice
- ☐ Provided Resources
- ☐ Allow use of Calculator
- ☐ Frequent Feedback
- ☐ Break down Tasks
- ☐ _____

Research Based Interventions:

Name: _____

Duration: _____

Intensity: _____

Group Size: _____

Results: _____

Please attach (if appropriate):

- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Graphs
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Important Data

Denver Public Schools
SIT Body of Evidence for Literacy

To be completed by the Designated Consultant and Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____
 Referring Person: _____ Date: _____

What is the concern? Please attach ILP and all applicable data (complete information below ONLY if not reflected on ILP).

Classroom Assessment Data: (eg. student work, observations, anecdotal information, classroom tests, attendance)

State/District Assessment Data:

CSAP:	CELA:
DPS Benchmark:	SRI:
DRA 2/EDL:	DIBELS/AIMSweb Benchmark:
Other:	IDEL/MIDE:

Targeted Assessment Data: (e.g. phonics survey, spelling inventory)

Progress Monitoring Data:

Assessment Tool: _____
 Outcome Goal: _____
 Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Assessment Tool: _____
 Outcome Goal: _____
 Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Areas of Strength:

Most Significant Concern:

How does data compare to class peers?

Accommodations:

- ☐ Multi-sensory Strategies
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Additional Practice
- ☐ Seating Change
- ☐ Timer
- ☐ Frequent Checks for Understanding
- ☐ Decodable Phonics
- ☐ Fluency/Speed Drills
- ☐ Other: _____

Research Based Interventions:

Name: _____

Duration: _____

Intensity: _____

Group Size: _____

Results: _____

Attach if Appropriate:

- ☐ ILP
- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Charts
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Pertinent Data: _____

Denver Public Schools
SIT Body of Evidence for Social-Emotional Learning
 To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ Date: _____
 Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Does the student have a medical diagnosis? Y N Explain: _____
Targeted Assessment data (if administered): SIEVE: _____ BASC- 2: _____ Attention: _____ Adaptive: _____ Other: _____ Observation: _____ Teacher/student/parent Interview: _____
Progress Monitoring data: Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____ Behavior: _____ Outcome Goal: _____ Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____
Areas of Strength:
Most Significant Concern:
How does student data compare to classroom peers? Have cultural differences been ruled out? Yes ____ No ____ If no, has a SIT Cultural and Linguistic Form been completed? Yes ____ No ____ Have other medical reasons been ruled out? Yes ____ No ____

Functional Behavioral Assessment:

Setting event	Antecedent	Behavior	Consequence

Intervention Checklist (Document any and all interventions and accommodations tried to date):

Accommodations: <input type="checkbox"/> Seating Change <input type="checkbox"/> Additional Time <input type="checkbox"/> Frequent Checks for Understanding <input type="checkbox"/> Positive Verbal Reinforcement <input type="checkbox"/> Peer Mentor/Support <input type="checkbox"/> Reward System (tangible) <input type="checkbox"/> Timer <input type="checkbox"/> Time out in classroom <input type="checkbox"/> Removal from classroom <input type="checkbox"/> Parent Communication Describe: _____ <input type="checkbox"/> Additional Supervision <input type="checkbox"/> Other: _____	Research Based Interventions: Name: _____ Duration: _____ Intensity: _____ Group Size: _____ Results: _____	Please attach (if appropriate): <input type="checkbox"/> Evidence and outcomes of all accommodations <input type="checkbox"/> Functional Behavioral Assessment/Behavior Support Plan <input type="checkbox"/> Point Sheets/Contracts <input type="checkbox"/> Progress Monitoring Graphs <input type="checkbox"/> Behavior Checklists <input type="checkbox"/> Classroom Observations <input type="checkbox"/> IC Data <input type="checkbox"/> Other Important Data <input type="checkbox"/> SWIS
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Denver Public School
SIT Intervention Plan



To be completed by the Recorder during the SIT Meeting

Student Name: _____ Grade: _____ ID#: _____ DOB: _____
Classroom Teacher: _____ School: _____ Date: _____
Designated Consultant: _____
Present at the Meeting: _____

The purpose of this meeting is to:

1. Identify the problem and its contributing issues and develop a Student Action Plan
2. Determine who will collect the progress monitoring data and intervals for progress monitoring.

**A Follow-Up Meeting should be scheduled 6-8 weeks from today.*

Specific and Observable Description of Student Strengths:

Presenting Problem: (Specific, observable, and measurable description of most concerning problem)

Data and Evidence:

Contributing Issues: (instructional methods/materials, classroom environment, readiness/motivation of student, etc.)

Problem Statement and Possible Causes: (Based on the data and contributing issues list 3-4 possible reasons for the problem. eg. Attendance, poor phonemic/phonetic skills, limited ability to focus)



Step One: Brainstorm at least 2 solutions to the Primary Problem

(What is within the school's control that will make the biggest impact in the shortest amount of time with existing resources?)

Option 1:

Person Responsible: _____ Starting Date: _____

Option 2:

Person Responsible: _____ Starting Date: _____

Option 3:

Person Responsible: _____ Starting Date: _____

Step 2: Choose which intervention option(s) will be implemented during this intervention cycle.

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3

Step 3: Create a Progress Monitoring Plan (page 5) for each intervention option chosen.

Student Name: _____ **Grade/Teacher:** _____

SIT will create a plan to achieve a measurable goal. Progress monitoring data will be collected by the designated person at determined intervals. A Follow-Up Meeting will be scheduled for 6-8 weeks from this date.

Area of Concern: _____

Measurable Goal (SMART GOAL): _____ will increase _____
as measured by _____ from _____ to _____
by _____ (date).

Date of Follow-Up Meeting:_____ [Be sure to set a date to revisit progress 6 to 9 weeks from today]

Intervention to be Used: _____
 Frequency: _____ Intensity: _____ Duration: _____
 Frequency of Data Collection: _____
 Assessment Instrument to be Used: _____
 Person Responsible: _____

Progress Monitoring Data:

[illegible]

Al firmar debajo, certifico que entiendo que mi estudiante ha hecho el progreso adecuado (reacción a la intervención) y en estos momentos no requiere de intervención adicional. (☐ Marcar si se han utilizado los servicios de un intérprete)

Firma del padre o madre/tutor

Fecha

Denver Public Schools
SIT FOLLOW-UP MEETING:



Student Name: _____ Grade/Teacher: _____ Date: _____

Did it Work? (Has the student met the SMART goal demonstrating responsiveness to intervention?)

- ☐ **Interventions No Longer Necessary** = Have Parent Sign Below

☐ **Continue with Current Intervention** = Complete a New Student Intervention and Progress Monitoring Plan (pages 4b & 5)

☐ **Implement Alternative Intervention** = Complete New Student Intervention and Monitoring Plan* (pages 4a, 4b, & 5)

*Consider additional assessment if more information is needed

Notes:

Al firmar debajo, certifico que entiendo que mi estudiante ha hecho el progreso adecuado (reacción a la intervención) y en estos momentos no requiere de intervención adicional. (☐ Marcar si se han utilizado los servicios de un intérprete)

Firma del padre o madre/tutor

Fecha